Household RFP Cover Sheet

(This form must be fully completed and submitted with your proposal in response to the RFP)

CONTACT INFORMATION FOR HOUSEHO	LD	
First Name:	Last Name:	
Phone Number(s): Work:	Cell: Hom	e:
Email Address:		
Are you a resident of the City of Springfie	ld? Yes No	
[Please be advised that proof of resider identification from the Commonwealth o	•	•
HOUSEHOLD INFORMATION		
Household Address:(Please include Zip)		
Mortgage/Lease payment (per month): \$	Lease/Mortgage Expir	ration Date:
Average Total Household Income (combin	ed amount of money earned by all me	mbers of the household) per year over
the previous three (3) years: \$		
How many people are currently living in t	he household?	
Are you currently employed Yes	No; (if Yes - Full-Time:	or Part-Time:)
HOUSEHOLD DEMOGRAPHICS		
Age of Residents (please provide the num	ber of household members in each ca	tegory):
18 years – 29 years	61 years – 80 y	years
30 years – 45 years	80+ years	
46 years – 60 years		
Please select all applicable demographic	option(s) that apply to the residents of	the household:
\square American Indian	☐ African American/Black	☐ Woman
☐ Cape Verdean	☐ Western Hemisphere Hispanic	
☐ Aleut	☐ Eskimo	
☐ Asian	☐ Other	

Please indica	te your veteran status:	
	\square Disabled Veteran	\square Other Protected Veteran
	\square Recently Separated Veteran	☐ Armed Forces Service Medal Veteran
	☐ No Military Service	☐ Vietnam or Korean Era Veteran
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APPLICATION REQUIREMENTS

COMMUNITY BENEFIT:

Describe in detail how the proposed use of ARPA funds for your household would create community benefits. Please also describe in as much detail as possible how your proposal benefits the City's disadvantaged and disproportionately impacted women, minority and low income communities.

LEVERAGING PARTNERSHIPS AND RESOURCES:

Describe any plans you have for leverage partnerships, funding and other resources as part of your proposal to amplify and maximize the impact of ARAP funds to counter act the negative health and/or economic impacts of the COVID-19 pandemic.

REPORTING CAPACITY:

Describe your plan for implementing your proposed use of ARPA funds, and for measuring, and reporting in the event you receive a grant award under this RFP. Please be advised that the RFP process has been designed to be as user friendly as possible, however, recipients of awards will be responsible for providing regular reports to the City, inclusive of documentation demonstrating proper use of the funds.

BUDGET AND FINANCIALS:

Please list and explain the total funding request for this grant using a budget narrative that breaks down the amount requested by line item. Proposers are strongly encouraged to request grant amounts that appropriately reflect their overall need, and that their proposal is in alignment with ARPA's intent. The City reserves the right to award an amount less than the total requested, in its sole discretion.

Matching funds are not required, however, the City encourages proposals that involve matching funds and/or a combination of entities partnering to share resources and amplify the impact of ARPA funds. Combined proposals from a group of households can be submitted in response to this RFP, where households within a neighborhood have suffered common negative impacts from COVID-19, and are seeking funds to counter act those shared impacts in a coordinated, transformative effort.

Proposers must also list any funds received by any members of the household from federal COVID-19 aid packages to date. Note: The City reserves the right to prioritize awards for proposers/households who have not previously received federal loans or grants (such as the Paycheck Protection Program, Economic Injury Disaster Loan, Shuttered Venue Operators Grant, Restaurant Revitalization Fund, or were funded through the City of Springfield's CARES Act program or Prime the Pump Program). Proposers who previously received other Federal assistance are eligible for grants under this RFP so long as expenses are not duplicated.

Proposers must include the following financial documents of "Confidential" to allow redaction): <u>Tax Returns (State and Federathe household</u> .	
If awarded a grant under this RFP, additional forms will be requir Debarment Statement; Conflict of Interest Statement; and a Ven	
COVID-19 IMPACTS Please indicate the impacts your household has suffered from CC	DVID-19, according to the options below:
 Foreclosure / eviction Late payment of lease / mortgage Decline in income Purchase of protective equipment / cleaning supplies Increased demand on telecommunication / internet Physical or mental health related expenses Loss of / lack of access to affordable childcare Please provide a detailed narrative explaining the impacts selected	Lack of access to financing or capital Loss of employment Increased utility expenses Funeral / Burial expenses Façade / Roof / Foundation deterioration Lack of access to healthy food Other (please explain below) ed above, and include any additional impacts
not set forth above (please include a separate written submission	·

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PROPOSED USE OF ARPA FUNDS BY YOUR HOUSEHOLD	
THO COLD COLD AN ATOMES BY TOOK TO COLLINGED	
Please select the appropriate options below for how your hou negative health and/or economic impacts from COVID-19:	sehold is proposing to use ARPA funds to counter the
 Financing for Façade / Roof / Foundation Repair Assisting with telecommunication / internet upgrades Purchase of safety / health / cleaning supplies Daycare / childcare expenses Funeral / Burial expenses Other (please explain below) 	 Payment of utility expenses Mortgage / rental assistance Increased access to healthy food Workforce / Job training Mental health assistance
Please provide a detailed narrative of how the proposed uses and/or economic impacts of the COVID-19 pandemic (please is space is required for this response).	

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